

215037213
60195

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 124	Agency Case No. B5-085020	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/13/2015		S M T W TH F S <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		STATE USE ONLY 09/14/2015	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1838	PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Sun Valley Blvd			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO. 6	LONGITUDE		
D	IF AT INTERSECTION						IF NOT AT INTERSECTION
4	NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	50.00			X	UNKNOWN		
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
1	VEHICLE NO. 1						
F	DRIVER LICENSE NO.	H13106893			STATE (Of License)	NE	
V1/N	DRIVER	GREGORY L KENNEDY			PHONE	402-525-8134	
V2/N	DRIVER ADDRESS	113 W SAUNDERS AVE, LINCOLN, NE 68521			DATE OF BIRTH (MM / DD / YYYY)	04/27/1988	
G	OWNER	GREG KENNEDY			PHONE	402-525-8134	
2	OWNER ADDRESS	113 W SAUNDERS AVE, LINCOLN, NE 68521			CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO. LB487047	
H	LICENSE PLATE	PA NO. TGX190	YEAR 1998	MAKE Cadillac	MODEL Seville	BODY STYLE 4 door Sedan	
V1/O	VEHICLE	YEAR 1998	MAKE Cadillac	MODEL Seville	BODY STYLE 4 door Sedan	COLOR red	
4	VEHICLE ID NO. (VIN)	1G6KS54Y7WU929686			ESTIMATED DAMAGE	<input type="checkbox"/> TOTALED \$ 8500	
V2/O	TOWED TO	TOWED BY			INSURANCE COMPANY	FARM BUREAU	
I	VEHICLE NO. 2						
7	DRIVER LICENSE NO.				STATE (Of License)		
V1/P	DRIVER				PHONE		
V2/P	DRIVER ADDRESS				DATE OF BIRTH (MM / DD / YYYY)		
J	OWNER				PHONE		
12	OWNER ADDRESS				CITATION <input type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE	NO.	YEAR	MAKE	MODEL	BODY STYLE	
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
K	VEHICLE ID NO. (VIN)				ESTIMATED DAMAGE	<input type="checkbox"/> TOTALED \$	
13	TOWED TO	TOWED BY			INSURANCE COMPANY		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.	
1	GREGORY L KENNEDY	113 W SAUNDERS AVE, LINCOLN, NE 68521			04/27/1988	5 Trans.	
LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	6 SEX		
VEH. #	NAME	ADDRESS			1	M	
LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			
VEH. #	NAME	ADDRESS					
LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			

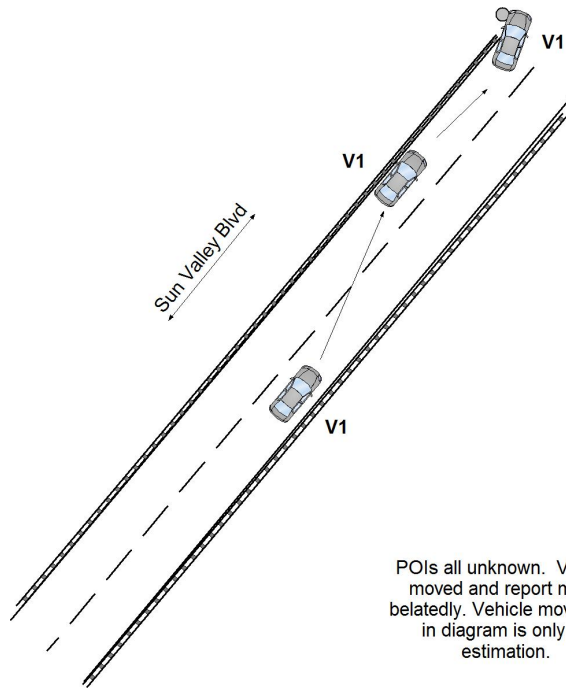
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-085020



Indicate
North
by Arrow



POIs all unknown. Vehicle moved and report made belatedly. Vehicle movement in diagram is only an estimation.

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

At approx 1838 hrs on 9-13-15, Police were called to check on a vehicle that was badly damaged and had remained parked in front of 1220 Dawes Ave for several hours. Once Ofc arrived, DV1 arrived as well. He claimed he was involved in an accident somewhere on Sun Valley Blvd between Charleston St and Cornhusker Hwy. DV1 claimed his front driver's side tire exploded, which sent him careening into a guardrail. He also thought he struck a sign somewhere. After these collisions, he drove the vehicle to 1220 Dawes Ave and left it. DV1 claimed he was not drunk at the time but thought the accident occurred around 0300 hrs on 9-13-15. He claimed the accident was all attributed to the blown tire. DV1 never called police to report the accident and was unable to identify exactly where it occurred. Ofc was unable to determine this. DV1 was cited and released for leaving the scene of an accident.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	GUARDRAIL SCRA	NEBRASKA DEPT OF ROADS	PO BOX 94759, LINCOLN, NE	68509	\$ 10
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPANTS	VEH 1	VEH 2
VEH NO.	N S E W	ROAD OR HIGHWAY NAME		(Enter numbers for each vehicle)				
1	X	SUN VALLEY E				4	2	
2								
1	01	06 Turning left		POINT OF IMPACT	07	POINT OF IMPACT		
2		08 Entering traffic lane		MOST DAMAGED AREA	07	MOST DAMAGED AREA		
01 Essentially straight ahead		09 Leaving traffic lane		02 03 04		1 2 3 4 5 6		
02 Backing		10 Parked		01 05		1 None used - vehicle occupant		
03 Changing lanes		11 Slowing or stopped in traffic		08 07 06		2 Lap & shoulder belt used		
04 Overtaking/ Passing		12 Other				3 Shoulder belt only used		
05 Turning right		13 Unknown				4 Lap belt only used		
						5 Child safety seat used		
						6 Child booster seat used		
						7 DOT approved helmet used		
						8 Costume helmet used		
						9 Restraint use unknown		

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y	Y	Y
BAC LEVEL	N	X	N
ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2
		5	
1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

OFFICER NO.	TROOP/ TEAM/ BEAT	DEPARTMENT	Photographs taken?
1570	SW	Lincoln Police Department	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type)		INVESTIGATOR SIGNATURE	DATE OF REPORT
Christopher Vigil		Approved by Officer Christopher Vigil	09/14/2015